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SUBJECT: AVIAN INFLUENZA: ASKING THE INDONESIANS TO SHARE
SAMPLES

(U) FROM AMBASSADOR HUME TO AMBASSADOR JOHN LANGE AND DR.
WILLIAM STEIGER

1. (SBU) You and your teams have made remarkable progress in consultations with the Indonesians over the avian influenza sample sharing impasse. I understand both sides are willing to support a menu of benefits that would be targeted at developing countries most in need as well as the use of a uniform materials transfer agreement that allows for unencumbered sample sharing. We are now at the point where we are working constructively with the Indonesians and the Australian chair of the Intergovernmental Meeting on Pandemic Influenza Preparedness (IGM) to gain support from the rest of the World Health Organization member states for our joint position.

2. (SBU) But one unfortunate fact remains: Indonesia is still not sharing human samples. And neither scientists nor vaccine manufacturers have access to the vast majority of Indonesian samples from the past 22 months. Given the reservations of many WHO members -- and the sheer complexity of the topic -- it may prove impossible to gain consensus at the next IGM meeting (whether it occurs in November or January). In the meantime, the world will remain in the dark about changes to the virus in Indonesia, the epicenter of avian influenza.

3. (SBU) We must think creatively on how to get Indonesia to share samples, using HHS Secretary Leavitt's upcoming bilateral with Minister of Health Siti Supari on the margins of the October 25-26 ministerial conference on avian and pandemic influenza in Egypt to make our proposal. One possible idea would be to ask Indonesia to release the 51 samples of the cases it has not shared since January 2007. In return, our Centers for Disease Control could agree on a bilateral basis to sign the draft materials transfer agreement we have developed with the Indonesians. We might also agree to support Indonesia's desire to change the name of the Global Influenza Surveillance Network (GISN) to the World Influenza Network (WIN). Indonesia could decline to share future samples until the WHO had fully agreed on a new sample sharing regime.

4. (SBU) Where does this get us? First, it would enable access to samples we badly need in order to assess the risk of a pandemic and to develop vaccine. Second, it could accelerate agreement on a new influenza surveillance network at the next IGM. Member states would take note if the country which started the debate and the country most critical of Indonesia's position agreed on how to end the impasse.

15. (SBU) There may be flaws with our suggested proposal; for example, the CDC as a WHO collaborating center may not be able to sign a materials transfer agreement with Indonesia. But the underlying goal remains. We must find a way to get Indonesia to share at least some samples while we work together to get approval at the IGM for a new system. We could use the upcoming October 16 videoconference with Indonesia to float a proposal for further discussion (and possible agreement) by Secretary Leavitt and Minister Supari in Egypt. We would be pleased to engage the Indonesians on an informal basis.

HUME